Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003													
		umn 2)		SMALL ENTITY TYPE				R THAN					
F	OTAL CLAIM	27		·		]	RATE	FEE	OR 7	RATE	FEE		
F	OR			NUMBER FILED		NUMBER EXTRA		BASIC FE	<del></del>	OR			
-		ABLE CLAIMS	27 minus 20=		• 7			VC 0	+	┨¨``		-	
╟─	DEPENDENT (		3 minus 3 =		•			X\$ 9=	<del> </del>	JOR	X\$18=	124	
1—		NDENT CLAIM F		ninus 3 =				X43=		OR	X86=		
							+145=		OR	+290=			
* 1	f the differenc	e in column 1 is	less than a	ess than zero, enter "0" in column 2			L	TOTAL	1	OR	TOTAL	844	
•	C		AMENDE	MENDED - PART II								OTHER THAN	
	·	(Column 1)	<del></del>	(Colun		(Column 3)		SMALL	ENTITY	OR.	SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER. DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	
Š	Total		Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	drawa.		=		X43=		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							•	<del> </del>	1			
	1,14,	23,					L	+145=		OR	+290=		
	(V, C, A)		Al	TOTAL DDIT. FEE		OR:	TOTAL ADDIT. FEE						
		(Column 1)		(Colum		(Column 3)				_		•	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	** :		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<b>=</b> .		X43= ·	·	OR	X86=	> -	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un			
•							L	+145=		OR	+290=		
				. ÁD	TOTAL DIT. FEE		OR ,	TOTAL LODIT. FEE					
		(Column 3)				· .		•					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMBI PREVIOU PAID FI	st Er Jsly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	•	Minus	**		Ξ,		X\$ 9=		OR	X\$18=	332	
ME	Independent	*	Minus	was.		=	-	X43=	- 7		X86=		
٢_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR			
+145= OR											+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***OR ADDIT. FEE													
T	tne "Highest Nur he "Highest Num	mber Previously Paid ber Previously Paid	id For IN THI I For (Total or	S SPACE is ( Independen	less than t) is the l	3, enter "3." highest number	•	• • •	ropriate box				